

Toward achieving academic accreditation

Area One
Mission and outcomes

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World federation for medical education (WFME)

BASIC MEDICAL EDUCATION (BME) WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT



- In 2011, WFME estimated that the global standards had been used by around 50% of medical schools worldwide.
- The standards are endorsed by the World Health Organization WHO 2013, the World Medical Association 2004 and, International association of medical regulatory authorities IAMRA 2016.

National standards for accreditation medical colleges in Iraq



Nine areas:

- 1. Mission and outcomes.
- Educational program .
- 3. Assessment of students.
- 4. Program evaluation.
- 5. Students.
- 6. Academic staff/faculty.
- Educational resources.
- 8. Governance and administration.
- Continuous renewal.

Mission and outcomes



Sub areas:

- 1.1 Mission.
- 1.2 Institutional autonomy and academic freedom.
- 1.3 Educational outcome
- 1.4 Participation in the formulation of mission and outcomes.





• *Mission* provides the overarching frame (الأطار الشامل)to which **all other aspects** of the **educational institution** and its **program** have to be related.

Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs.

Mission in this document includes the institutions' vision.



- 1. What is the mission statement?
- 2. Why it is important?
- 3. What should include?
- 4. Who should participate in its development?
- 5. How we develop the mission statement and when it should be renewed?
- 6. What are the intended educational objectives/outcomes/competencies.
- 7. What evidence the medical college should generate to prove compliance with the standards



Mission Statement: should include very brief mentioning the followings:

- a. Vision
- b. Aims
- c. Educational strategy
- d. Type of curriculum
- e. Instructional methods
- f. Assessment methods
- g. Curriculum management.
- h. Feedback
- i. Monitoring and evaluation.
- j. Medical research
- k. Global health



What evidence the medical college should generate to prove compliance with the standards?

We have to remember that the evidence generated by the academic institution have three levels:

- a. Present
- b. Applied
- c. Effective



Any evidence will be more impressive if it includes the three levels, which is unnecessary to fulfil all three features.

- Documents (including official administrative orders issued by the college council, dean or vice deans, departments, units etc. and minutes of meetings)
- Questioner and survey (faculty, students, administrative staff, graduates, health sector workers)
- Direct interview. (faculty, students, administrative staff, graduates, health sector workers)

الرسالة 1.1 Mission



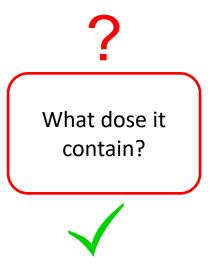
- Basic level sub area 1 must
- 1.1.1 State its mission اعلان , توضيح الرسالة
- 1.1.2 make it known to its community and the health sector it serves.
- 1.1.3 outline the aims and the educational strategy resulting in a medical doctor:
- 1.1.3.1 competent at a basic level.
- 1.1.3.2 with an appropriate foundation for future career in any branch of medicine.
- 1.1.3.3 capable of undertaking the roles of doctors as defined by the health sector.
- 1.1.3.4 prepared and ready for postgraduate medical education.
- 1.1.3.5 committed to life-long learning.
- 1.1.4 consider that the mission encompasses :
 - the health needs of the community
- the needs of the health care delivery system and other aspects of social accountability.



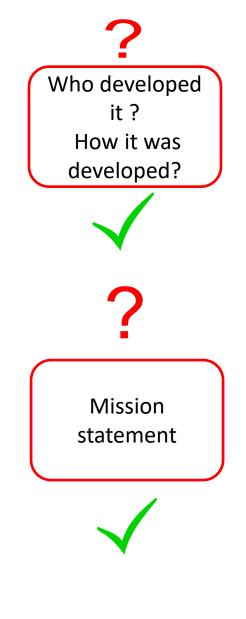
Quality development level should

Mission encompasses:

- Medical research attainment. تحقیق
- Aspects of global health.



- a. Vision
- b. Aims
- c. Educational strategy
- d. Type of curriculum
- e. Instructional methods
- f. Assessment methods
- g. Curriculum management.
- h. Feedback
- i. Monitoring and evaluation.
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Was it

renewed?

Exemple of Mission statent

The "X" strives to deliver excellent medical education to produce medical graduates who will be well prepared to work in Iraq and elsewhere and be able to undertake postgraduate training.

The medical curriculum will be outcome focused where the aim is to produce graduates who are able to fulfil their role as junior doctors \(\sqrt{ie} \) ie local health services and who also possess the generic skills expected of students attending "X" University .

The course will feature increasing opportunities to see patients in the community; a high degree of in tion of basic and medical sciences with clinical practice; an emphasis on facilitating student rning; and an increase in student choice as regards their studies.

The course will be organised on a body system basis with a progressive emphasis on learning around undifferentiated pati roblems.

Instructional strategy

The approach to learning and teaching will be based on a spine of problem, case and patient-based integrated learning activities complemented by a range of other teaching and learning activities. There will be systematic teaching of some components to ensure competence in key areas.

Students will become progressively movelf-directed in their learning, aided by increasing reliance on IT-based and distance learning materials and activities.

Assessments be closely matched to the defined outcomes.

Students will receive regulated by a personal tutor.

The curriculum will be managed centrally by a disciplinary team and led by a Dean of Medical Education, dynamically responded to social needs as well as global health.

A monitoring system will be established to evaluate the implementation of the curriculum and to sure a process of continuous improvement

Sub area 2 Institutional autonomy



This would include appropriate independence to be able to make decisions about key areas:

- design of curriculum
- assessments
- students admission,
- staff recruitment/selection
- employment conditions
- research
- resource allocation

1.2 Institutional autonomy and academic freedom



- Basic standards: Must
- The medical college must have institutional autonomy to:
- formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding:
- design of the curriculum.
- use of the allocated resources necessary for implementation of the curriculum



Quality development level, should:

Ensure academic freedom for its staff and students:

- in addressing the actual curriculum.
- in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

1.3 Educational outcomes or learning outcomes/competencies



- Refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning.
- Educational/learning objectives are often described in terms of intended outcomes.
- Outcomes within medicine and medical practice to be specified by the medical college would include documented knowledge and understanding of :
- (a) the basic biomedical sciences,



- (b) the behavioral and social sciences, including public health and population medicine,
- (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine,
- (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving;
- (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession.

1.3 EDUCATIONAL OUTCOMES



Basic standards: must

- 1.3.1 **define the intended educational outcomes** that students should exhibit upon graduation in relation to :
- their achievements at a basic level regarding knowledge, skills, and attitudes.
- appropriate foundation for future career in any branch of medicine.
- their future roles in the health sector.
- their subsequent postgraduate training.
- their commitment to and skills in life-long learning.
- the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.
- 1.3.2 ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.
- 1.3.3. make the intended educational outcomes publicly known.



Quality development standards: should

- 1.3.4. specify and coordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.
- 1.3.5. specify intended outcomes of student engagement in medical research.
- 1.3.6. draw attention to global health-related intended outcomes



1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard: must

 Ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.



Quality development standard: should

 1.4.2. ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

Stakeholders

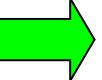


Principal stakeholders would include the:

- Dean, the faculty council, the curriculum committee representatives of staff and students.
- The university leadership and administration.
- Relevant governmental authorities and regulatory bodies.
- Other stakeholders would include:
- representatives of other health professions, patients, the community and public). representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators.

Curriculum Review Team

Clinical academics
Hospital clinicians
Basic scientists
Behavioural scientists
Population health scientists
Postgraduate tutors
Medical educationalists
Medical students



Vision Statement

For the entire curriculum

Met every 10 days for 18 months



Relevant points

- Mission statement copied from others
- Failure to show its formulation and development
- Mixing institutional outcomes with academic program intended outcomes
- Failure to document the participation of principle stakeholders as well as other stakeholders

